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LIP READING AS AN AID TO HEARING¹

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PERHAPS you know the story of the little boy who tried to explain what an organ of the body was by saying: "I see with my eye organ, I hear with my ear organ, I smell with my nose organ, I eat with my mouth organ, I feel with my hand organ." Those of us who have had the soft pedal applied to our ear organ can gain much that we might otherwise lose, if our eyes are trained to aid our ears.

When a diminished sense of hearing renders one's mother tongue as unintelligible as a foreign language, one feels much like "a man without a country." I speak from the standpoint of the deafened, those in full possession of speaking power, whose hearing has become impaired after reaching maturity. Their problem differs from that of the deaf child and the method of teaching them must necessarily be different.

There is no longer much doubt in the public mind as to the advisability of teaching the congenitally deaf, speech and speech-reading. It is generally conceded that those who have lost their hearing entirely in later years would profit by a systematic study of lip reading. It has never occurred to some people that the partially deaf need special education. A person who hears one word and misses four or five in ordinary conversation, or one who hears the vowels and misses the consonants, needs an aid to hearing. Lip reading affords the most natural aid and proves useful long before, as well as long after, mechanical devices can be used to advantage.

While lip reading is no longer in the experimental stage, there is still much need for educational campaigns. Some people have never heard of lip reading, others are prejudiced against it, and all too many feel like the mother who told me recently that her twenty-year old daughter did not need lip reading because she could hear if she wanted to, and besides she never would have been deaf if she had not eaten too much strawberry short-cake. It is not uncommon for hearing people to try to dissuade their deafened friends from taking up the study of lip reading on the grounds that it is injurious to the eyes, that it will cause them to lose all the hearing they have left, that it is beneficial only to the totally deaf, or that it will make them self-conscious. Small wonder then, that the hard of hearing them-

¹ Read at the annual convention of the Nebraska State Nurses' Association, Lincoln, October 12, 1921.

selves, in their unhappy state of mind, contend that they do not need lip reading because they are not deaf enough, because they are too deaf, because they can hear automobile horns and train whistles, and just "because."

If it were fully understood how much a little deafness hurts and how much a little lip reading heals, there would be no conservatism on the one hand about urging lip reading upon the deafened, and greater eagerness, on the other, to learn to listen with the eyes. While lip reading is the only hope for the totally deaf, it is of inestimable value to the slightly hard of hearing. It is no harder on the eyes than to read the printed page, although it does require more mental gymnastics. Since the comprehension of spoken language is the most important use of hearing, there is no logical reason for deferring the study of lip reading until one is so deaf that one can no longer hear traffic.

The partially deafened lip reader uses his ears for all they are worth and lets his eyes fill in the gaps. He hears the sounds that are easy to hear and depends on his eyes and mind to supply the rest. He often has the feeling of actually hearing all that is said, only to find when he lets his eyes glance from the speaker, that he can no longer understand a word. For instance, he might hear you say, "Ī aw uh ōō ă." What he would understand with the help of lip reading would be, "I bought a new hat," and he would probably be polite enough to assure you that your new hat was very becoming. Thus, by letting eyes and ears coöperate, the lip reader makes the most of a remnant of hearing. As lip reading facilitates communication, he has his mind taken off his deafness and becomes less self-conscious.

Many of the ills of deafness could be prevented if lip reading were employed by the slightly deafened as an aid to hearing, just as glasses are used as an aid to defective vision; it should not be looked upon as a last resort, but as a first aid as soon as the doctor realizes that hearing which is lost cannot be restored. A person whose hearing is becoming dull may seem perfectly well, but he suffers mentally. For this trouble lip reading is the best known remedy.

One of the unfortunate things about deafness is that it makes many people helpless. Sometimes, however, it is unduly kind relatives and friends who are responsible for the helplessness. I have in mind a woman of forty-four who was not allowed to ride alone on the street cars because she did not hear well. Had she been given a little lip reading and liberty, she might have turned her deafness to advantage in an emergency as did one of my pupils one evening. When passing a furrier's window a man stepped up from behind and

pushed her toward the curb. As he glanced toward the window, she say him say: "Would you like to have that fur neck piece?" "I am deaf," she replied, "I can't hear a word you say." And the stranger fled.

It may be of interest to note what a well known aurist has to say regarding lip reading. I quote the following from Dr. Max A. Goldstein's "The Practical Value of Lip Reading":

To the partial or incurable deaf, the acquisition of lip reading is a manifold blessing; it releases him from the constant handicap of his aural infirmity; it relieves the constant nervous strain and embarrassment of isolation from the rest of his fellows; it restores his social status and his means of communication with his fellow men. To the otologist it offers a consolation for his inability and impotency to cope with certain forms of aural pathology and it places him in a position to restore the peace of mind and to instil new hope in his deaf patient. Grant that every otologist has in his clientele a large number of patients partially or totally deaf, the result of suppurative catarrhal or sclerotic aural processes, and that the limit of practical treatment has been reached, this is the group of cases of every clientele whom you should advise to take up a systematic study of lip reading.

Six years ago when Dr. Goldstein told me frankly and kindly what I might expect of my hearing, he added that lip reading would make me practically independent of my handicap. At that time I was not ready to accept his statement, for I had studied lip reading long enough to know that it was not as good as perfect hearing, but I have since come to realize that one is independent of a physical handicap when one is no longer spiritually crushed beneath the burden of it.

The time required to become a good lip reader varies greatly with the individual. Many are benefited by two or three months of intensive study. The majority, however, should devote about six months to systematic training. Young people usually become proficient more quickly than do older people, but it is a matter of record that men and women past seventy have taken up lip reading and have felt well repaid for their efforts.

Lip reading has its natural limitations,—many people articulate carelessly; some talk through their lips instead of with them; some hide their speech behind their teeth; others have mouths that are fearfully and wonderfully made. Nevertheless, lip reading is tremendously worth while, its value cannot be estimated in dollars and cents; it must be measured in terms of contentment, efficiency, and self-reliance. Deafness can never be anything less than an inconvenience, but it does not have to be an affliction, for lip reading enables one to live on a lower level of comfort without living on a lower plane of thought.

As you come in contact with the hard of hearing you will not fail

to pass on the good tidings of lip reading if you bear in mind the words of the man who said: "I expect to pass through this world but once; any good, therefore, that I can do, or any kindness that I can show to any fellow creature, let me do it now. Let me not defer or neglect it, for I shall not pass this way again."

WHAT CONSTITUTES COMPETENT AND SOUND APPLIED NURSING SERVICE IN OUR HOSPITALS TODAY?¹

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ONE might say, that nursing service which helps the patients back to normal physical conditions and insures their ability to continue the ordinary pursuits of life and promote their happiness as well as general welfare, must be the soundest applied nursing service our hospitals can furnish today. And that hospital which recognizes these great obligations will lose no opportunity for acquiring equipment, knowledge, and the spirit to render it. Whether the nursing service is given by thoroughly trained and accomplished nurses or by a school of nursing which is an integral part of the hospital, it must be competent or the hospital does not meet its obligation to the patient. When the hospital is dependent upon its school of nursing for all or nearly all of the nursing care given to its inmates, it becomes necessary that the school shall have thorough instruction and competent supervision. If all other things were equal, one would say, or at least naturally suppose, that the best instruction would be given in the largest general hospitals. But since they are not equal, the best instruction is not always given there, though the material for teaching purposes is most abundant.

If the nursing body is accomplished and if the morale is what it should be, if there is enthusiasm for the work, conscientiousness in doing it, and a spirit of humanitarianism manifested or at least possessed by the nurse caring for the patient, whether the nursing service is rendered by pupils or graduates, it must pass into good care. In those institutions where the nursing care has always been given mainly by the pupils or a school of nursing, it has been the custom formerly to expect the most inexperienced beginners to undertake

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